Program Vision

The goal of MaineCare managed care is to improve quality and outcomes for all MaineCare members through an integrated system of health care services and supports that are member or family driven, timely, cost-effective, and efficient.

Principles for Program Design

Whole Health: The "whole health" of individuals is addressed, including physical, behavioral, and oral health, by providing coordinated, member or family driven care with a focus on health and disease prevention.

Quality Outcomes: The program defines expectations for quality and aligns incentives to achieve quality outcomes. The Department has systems in place to assure and improve quality. The program is built on evidence-based and best practices and embraces continuous improvement processes.

Stewardship of Public Funds: The program pays for value-based care, rewarding timeliness, accessibility, effectiveness and efficiency, consistent with other payment reform efforts within the Maine provider community and nationally. Payment methods align the incentives of the Department, contractors and providers to deliver high quality, cost-effective care.

Partnership: The program is a long-term partnership among members, providers, contractors and the Department. The partnership is rooted in the shared goal of improving value through innovation in the service delivery and payment methods and the optimal alignment of MaineCare strategies, standards and quality measures with other and public and private sectors. The partnership is nurtured through transparency and constructive dialogue.

Viability: The program includes enough members to ensure program viability. Enrollment policy and payment methods guard against adverse or favorable selection.

Member Engagement: The program design is informed by robust member input and defines expectations for the active role members and families have in attending to their own health and well-being. Members and their families receive the information and support they need to make informed decisions about their care and services.

Criteria for Including Members and Services

Preparedness

- The Department has the systems and capacity to ensure continuous access, availability and quality of care for the included members or services, including data collection and reporting systems.
- Contractors have capacity to delivery high-quality services to the targeted population.
- Members to be included have received sufficient notice and information about their options to ensure continuity of care, and systems are in place to provide assistance, respond to questions, and promptly resolve problems and appeal vendor decisions.
- Providers have received sufficient notice and information about member enrollment, billing and other systems changes and systems are in place to provide assistance, respond to questions, and promptly resolve problems and appeal vendor decisions.
- A defined customer service and appeals process are in place

Federal Authority: The Department can reasonably expect timely approval by CMS to include the members and services.

State Purchasing: A robust Request-for-Proposals can be completed that adequately addresses the needs of included members, and selection of contractors is completed in full compliance with State procurement requirements.